

NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS'
SUPPLEMENTAL RETIREMENT FUND
800-424-3405

REQUEST & WAIVER

(Under United Brotherhood of Carpenters and Joiners of America Master Reciprocal Agreement for Annuity Funds)

To: Trustees of _____
(Name of Transferring or Outside Annuity or Supplemental Fund)

My Home Fund is: North Central States Regional Council of Carpenters' Supplemental Retirement Plan

In accordance with Section V of the United Brotherhood of Carpenters and Joiners of America Master Reciprocity Agreement for Annuity Funds, the undersigned Participant of the North Central States Regional Council of Carpenters' Supplemental Retirement Plan (the "Home Fund") hereby authorizes my Home Fund to request that the Outside Fund transmit to the Home Fund the monies received by the Outside Fund from Employers arising from my employment in the jurisdiction of the Outside Fund.

By executing this request and waiver, I understand that I am waiving all rights that I may have to eligibility for benefits in any Outside Fund. Further, I understand and agree that this request and waiver may only be revoked in writing and shall continue in effect until such date that I provide my Home Fund with written notice that I have revoked it.

I request that my Home Fund deliver a copy of this written revocation to the Outside Fund.

Contractor(s) I worked for in Outside Fund's Jurisdiction:

Dates Employed: _____

City/State Where Work was Performed: _____

Social Security Number # _____

Birth date: _____ Home Local #: _____

Address: _____

(Signature)

(Print Name)

Return this form to:

North Central States Regional Council of Carpenters' (NCSRCC)
Supplemental Retirement Plan
PO Box 4002
Eau Claire WI 54702

This form will be forwarded to the Out-of-Area Fund by the NCSRCC Supplemental Retirement Plan and a copy will be retained by our office.



P.O. Box 4002 • Eau Claire, WI 54702-4002
715-835-3174 • 800-424-3405 • Fax 715-834-8061 • Claims Fax 715-835-3114

TRANSFERRING PENSION CONTRIBUTIONS

When you work outside the jurisdiction of the North Central States Regional Council of Carpenters' Pension Fund, your Employer may pay required pension contributions to another Fund's defined benefit plan. To make sure the contributions are transferred back to the North Central States Regional Council of Carpenters' Pension Fund, you must complete a Pension Transfer Request Form indicating whether the contributions should be transferred. The transfer form should be completed *prior* to working outside of the jurisdiction of the North Central States Regional Council of Carpenters' Pension Fund.

If you do not become a Participant or do not become vested with the North Central States Regional Council of Carpenters' Pension Fund after having defined benefit contributions transferred, you will not be eligible for a pension benefit.

Participant:

To become a Participant in the North Central States Regional Council of Carpenters' Pension Fund, you must have 750 hours of Employer paid contributions to the North Central States Regional Council of Carpenters' Pension Fund in a period of 12 months from the date of hire; or a Plan Year which starts after the date of hire. A Plan Year begins January 1 and ends December 31.

Service/Vesting Credit:

To earn a year of service/vesting credit with the North Central States Regional Council of Carpenters' Pension Fund, you must have 300 hours of service in a Plan Year where an Employer contributes to this Fund in your behalf. A Plan Year begins January 1 and ends December 31. Five years of continuous service credit is required to be vested.

Please complete the attached Pension Reciprocity Transfer Request Form and return it to:

North Central States Regional Council of
Carpenters' Pension Fund
PO Box 4002
Eau Claire WI 54702



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REQUEST FOR TRANSFER OF
PENSION FUND CONTRIBUTIONS

TO: BOARD OF TRUSTEES of the Transferring Fund:

(Name & City of Out-of-Town Fund)

As provided in the Reciprocity Agreement between your Pension Fund and my Home Fund, the **North Central States Regional Council of Carpenters (NCSRCC) Pension Fund**, I am requesting that you transfer to my Home Fund all Pension contributions received by you in my behalf. I understand that if I have become a Participant in the Transferring Fund, ONLY contributions received in my behalf after the date you receive the appropriate Transfer Request Form may be transferred to my Home Fund. If I am not a Participant in the Transferring Fund, ALL contributions received by the Transferring Fund in my behalf may be transferred to my Home Fund upon receipt of the appropriate Transfer Request Form.

NOTE: In the NCSRCC Pension Fund, Participation occurs on the January 1 or July 1 which follows---a period of 12 months from the date of hire; or the Plan Year which starts after the date of hire; provided employer contributions were payable for at least 750 hours in one of these two periods.

If this request is approved, I, my dependents, survivors and beneficiaries will no longer have any claim against you for the contributions transferred or for any benefits which may have been payable in my behalf. My eligibility for any benefits based on these contributions will be determined by the Plan provisions of my Home Fund.

These instructions will continue in effect until I direct you, in writing, to cease transferring Contributions to my Home Fund.

APPLICANT NAME _____

SOCIAL SECURITY # _____

LOCAL UNION # _____

ADDRESS _____

THE BACK OF THIS FORM MUST BE COMPLETED TO AUTHORIZE THE TRANSFER →→→

I declare that I am (complete one)

_____ not legally married at this time.

_____ unable to locate my spouse.

_____ legally married at this time. (If so, spouse must complete the following consent statement for this request to be honored.)

I understand that you may require annual verification of this request to transfer and of my marital status. I understand it is necessary that I notify you in the event of my remarriage following my spouse's death or my divorce.

Spousal Consent Statement (Must be completed if married)

As legal spouse of the Applicant, I hereby consent to the Applicant's request for transfer of contributions and acknowledge that I have no claim against you for the contributions transferred or for any benefits which may have been payable to me.

Signature of Spouse _____

Date Signed _____

Please check one of the following paragraphs.

_____ I certify that there is no judgment, decree or order (such as a divorce decree), either current or pending, which recognizes an alternate payee's right to receive all or a portion of benefits payable to me under this Plan. I agree to indemnify the Plan for any payments the Plan makes under such current or future judgment, decree or order, and which exceed the benefits to which I am otherwise entitled.

_____ I certify that there is a judgment, decree or order (such as pursuant to a divorce proceeding), which recognizes the existence of an alternate payee's right to receive all or a portion of benefits payable to me under this Plan; or there is a pending order having the same effect. A copy of the order is attached.

I hereby certify that all of the information furnished by me is true, complete, and correct to the best of my knowledge and belief.

Signature of Applicant _____

Date Signed _____



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**REQUEST FOR TRANSFER OF
HEALTH FUND CONTRIBUTIONS**

TO: BOARD OF TRUSTEES of the Transferring Fund:

(Name & City of Out-of-Town Fund)

Pursuant to the provision of the Reciprocity Agreement between your Fund and my Home Fund, (North Central States Regional Council of Carpenters' Health Fund), I hereby request that you transfer to my Home Fund all Health contributions made in my behalf to your Fund.

I hereby release your Fund and all others involved with said transfer of any further responsibility with regard to providing coverage for benefits.

NAME: _____ **SOC SEC #:** _____

ADDRESS: _____ **LOCAL UNION #:** _____

Please transfer all hours and contributions to my Home Fund:

**NORTH CENTRAL STATES REGIONAL COUNCIL OF
CARPENTERS' HEALTH FUND
PO BOX 4002
EAU CLAIRE WI 54702**

(TRANSFER SHOULD INCLUDE THE FOLLOWING AND ALL SUBSEQUENT MONTHS)

EMPLOYER'S NAME _____ MONTH & YEAR WORKED _____

SIGNATURE: _____ **DATE:** _____

(OVER)→→→

Instructions for use of this form. This Transfer Request form must be submitted whenever an employee performs work in the jurisdiction of a local union or district council that does not participate in the employee's Home Fund, North Central States Regional Council of Carpenters' Health Fund). This authorization for transfer will continue in effect until I direct you, in writing, to cease transferring contributions to my Home Fund.

It is my understanding that there is, or will be, in effect a Reciprocity Agreement or policy between my Home Fund and the Health Fund covering the geographical area in which I have been or will be performing work, (referred to as "Out-of-Town Fund").

To the extent that any employer contributions are transferred and remitted to my Home Fund, I hereby release the respective contributing employers and the Union, as well as the Trustees of the remitting Out-of-Town Fund, of and from any further responsibility and liability with regard to payment of contributions so transferred and remitted and with regard to providing coverage for benefits.